



## Complete Summary

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### TITLE

Heart failure: percentage of patients with heart failure weighed as per physician's orders.

### SOURCE(S)

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with diagnosed heart failure weighed as per physician's orders.

### RATIONALE

Heart failure is a common condition among patients in nursing facilities and is one of the most common reasons for new or recurrent hospitalizations among persons over 65 years of age. Considerable progress has been made during the past decade in providing symptomatic relief for such patients. By implementing the processes and practices outlined in the American Medical Directors Association (AMDA) *Heart Failure* clinical practice guideline (CPG) and by keeping up with new recommendations for managing heart failure as they emerge, the interdisciplinary care team can improve the quality of life of patients with heart failure in the nursing facility.

This is one of AMDA's thirty-three suggested quantitative process or clinical outcomes measures for the implementation of a heart failure CPG in a long-term care facility. These measures are based on the four components of the AMDA heart failure algorithm: Recognition, Assessment, Treatment, and Monitoring.

#### **PRIMARY CLINICAL COMPONENT**

Heart failure; weight monitoring

#### **DENOMINATOR DESCRIPTION**

Number with diagnosed heart failure

#### **NUMERATOR DESCRIPTION**

Number with heart failure weighed as per physician's orders

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Heart failure.](#)

### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Unspecified

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

### **Application of Measure in its Current Use**

#### **CARE SETTING**

Long-term Care Facilities

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Advanced Practice Nurses  
Allied Health Personnel  
Dietitians  
Nurses  
Pharmacists  
Physician Assistants  
Physicians  
Social Workers

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

**TARGET POPULATION AGE**

Elderly population, generally age 65 and older

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component**

**INCIDENCE/PREVALENCE**

See "Burden of Illness" field.

**ASSOCIATION WITH VULNERABLE POPULATIONS**

The population for this measure is vulnerable elder adults residing in nursing homes and residential care settings.

See also the "Burden of Illness" and "Utilization" fields.

**EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS**

American Medical Directors Association (AMDA). Heart failure. Columbia (MD): American Medical Directors Association (AMDA); 2002. 18 p. [31 references]

**BURDEN OF ILLNESS**

- The burden of heart failure is enormous and is disproportionately shared by the elderly. Currently, about 4.8 million Americans have heart failure, with 550,000 new cases diagnosed each year.
- The incidence of heart failure increases dramatically with age, approaching 10 per 1000 population after the age of 65.
- Furthermore, heart failure exacts a significant toll on mortality. It has been estimated that heart failure causes or contributes to about 287,000 deaths per year. Survival is poor, with only 50% of patients surviving longer than five years. Also, the sudden cardiac death rate is 6 to 9 times that of the general population.

## **EVIDENCE FOR BURDEN OF ILLNESS**

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

## **UTILIZATION**

Heart failure accounts for hundreds of thousands of hospitalizations each year. Between 1970 and 1994, the rate of hospitalizations for heart failure increased more than three times among those age 65 and older.

## **EVIDENCE FOR UTILIZATION**

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

## **COSTS**

Costs for heart failure are staggering, estimated at \$37.8 billion in 1991. This figure includes \$23.1 billion for inpatient care (including physician and professional fees, laboratory charges, and pharmacy costs), plus \$14.7 billion for outpatient care. If the cost for heart transplantation is added, the estimated total healthcare cost for heart failure in 1991 was \$38.1 billion.

## **EVIDENCE FOR COSTS**

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Living with Illness

### **IOM DOMAIN**

Effectiveness

## Data Collection for the Measure

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Number in the facility with diagnosed heart failure

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

Number with diagnosed heart failure

#### **Exclusions**

Unspecified

### **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

### **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Institutionalization

### **DENOMINATOR TIME WINDOW**

Time window is a single point in time

### **NUMERATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

Number with heart failure weighed as per physician's orders

#### **Exclusions**

Unspecified

### **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Episode of care

**DATA SOURCE**

Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure**

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties**

**EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information**

**ORIGINAL TITLE**

Percentage of patients with HF weighed as per physician's orders.

**MEASURE COLLECTION**

[Heart Failure Measures](#)

**MEASURE SET NAME**

[General Process Measures](#)

**MEASURE SUBSET NAME**

[Monitoring](#)

**DEVELOPER**

American Medical Directors Association

**FUNDING SOURCE(S)**

There was no funding for the development of the measures. However, GlaxoSmithKline did provide funding for the Heart Failure Guideline Implementation Tool Kit.

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Medical Directors, Physicians, Pharmacists, Registered Nurses, Advanced Practitioners, Nursing Home Administrators

**FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2003 Jan

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

## **MEASURE AVAILABILITY**

The individual measure, "Percentage of patients with HF weighed as per physician's orders," is published in "We Care: Tools for Providers and Staff to Implement Clinical Practice Guidelines." This tool kit can be ordered from the [American Medical Directors Association \(AMDA\) Web site](#).

For more information, contact American Medical Directors Association (AMDA), 10480 Little Patuxent Parkway, Suite 76, Columbia, MD 21044; phone: (800) 876-2632 or (410) 740-9743; fax: (410) 740-4572; Web site: [www.amda.com](http://www.amda.com).

## **NQMC STATUS**

This NQMC summary was completed by ECRI on July 5, 2005. The information was verified by the measure developer on August 8, 2005.

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